S.C. DHEC RFA: Community-Based HIV Prevention Programs CY 2012

Updated April 6, 2012

- **All questions must be submitted in writing.**
- **Submit questions to PreventionReports@dhec.sc.gov or Priceae@dhec.sc.gov**
- **Questions will be publicly responded to once weekly on this Web page.**
- **Questions received by noon, Thursday will be responded to by noon, Friday.**
- **The last day to submit questions is Thursday, April 5 at noon.**

1	Q	I thought there were instructions specifying that we need to do 2 budgets and justifications for Category 1 and 2. We could not find that spelled out in the RFA; can you confirm or clarify budget requirements?
	A	Applicants must submit distinct and separate budgets for each category of the RFA, if applying for both categories of funding (Category 1 and Category 2).
2	Q	If an applicant will be utilizing a nurse (RN) to support clinical services such as STD screening with blood draws, what is the documentation required to be submitted for her/his credentials?
	A	A copy of the official, state-recognized document from the S.C. Board of Nursing, such as the nursing license (card) that clearly shows a current license number that can be verified with S.C. licensing officials. DHEC may require additional documentation from an applicant prior to awarding a grantee funding that will involve contract services using RNs, LPNs, etc.
3	Q	If an organization receives other grant funds to deliver HIV testing, how could it submit an application for funding through this RFA and not duplicate services?
	A	A CBO will need to define its targeted services in this application that are distinct from the existing (already funded) services. This may be done by identifying unique venues, settings, geographic areas, etc. that take HIV testing into areas not currently reached. It may be that the CBO targets alternate populations not currently reached but are still in the list of the state's HIV priority populations. It may be that days/times which the services will be delivered may be expanded with this new funding; for example, a Thursday night walk-in "clinic" may be a new option for providing HIV testing. It could also be that specific staff are assigned to be funded from new funding and thus all HIV testing delivered by the staff person would be accounted for through this RFA's award.
4	Q	For Category 2, there is a mandate of 70 persons to be enrolled annually. Is this number only supposed to reflect newly-diagnosed HIV positive persons?
	A	No, it can be a mix of newly-diagnosed as well as those previously diagnosed but not currently in care. It is a top priority to ensure that as close to 100% of those newly diagnosed get enrolled in the program; as long as that occurs, the program may also propose to conduct services that help return previously-diagnosed persons back into a comprehensive system of care.
5	Q	If a CBO has not actually delivered a group-level, CDC-recognized intervention designed for persons living with HIV/AIDS (PLWHA), how can it submit to deliver Willow or Healthy Relationships? This is the case with many CBOs in the state who otherwise have a strong history of delivering group-level programs.
	A	A CBO can submit to deliver one of these interventions if it has delivered a group-level CDC-recognized intervention to PLWHA, even if the intervention itself was not originally designed for PLWHA. For example, a CBO may have experience with conducting SISTA adapted for HIV positive women or 3MV for HIV positive AAMSM.

6	Q	There doesn't seem to be an intervention worksheet for CRCS. Is it missing?
	A	We did not include intervention information worksheets for Category 2 activities. CRCS is one program model that may be proposed in Category 2 and should be described in the narrative of the Category 2 application. Applicants are encouraged to include narrative details that are similar in content to the details that are included in the Category 1 intervention worksheets.
7	Q	At the bottom of page 18 (HIV CTRS summary), it states that documentation must be provided for the answer in #3 on that page. Is that correct?
	A	Page 18 had a typo at the bottom of the page. It has been corrected to now state that documentation is required for the responses in question #4, not 3, above.
8	Q	Is there no minimum number of clients to be reached with CRCS, if submitting a Category 2 application?
	A	There are no minimum clients to be reached through CRCS only. However, note that applications must reflect the plan (through CRCS, ARTAS, or other service model) to enroll at least 70 PLWHA in the project in year 1 and have no less than 60 clients complete whatever intervention model is being delivered to those clients. If CRCS is the singular model being proposed for services in the application, then, yes, the numbers just noted would be the "minimum".
9	Q	How is it the case that the eligibility requirements state that a program must have at least a one half of one percent positivity rate in its HIV testing program, but in other places in the RFA it states that programs are expected to achieve a 1% positivity rate.
	A	It is true that the minimum eligibility requirements include at least a 1/2 of 1% HIV positivity rate in HIV testing in a recent year. This was the STD/HIV program's decision to broaden the "eligibility" to apply. However, it is stated throughout the RFA that the program is expected to have a 1% HIV testing positivity rate ultimately. This 1% positivity rate may be applied or addressed at any point in the funding process, from scoring the applications/proposals, through potentially funding a program with conditions to achieve the 1% within a limited time frame or else not receive continued funding. Those options are "on the table" and will depend on the number of eligible applicants and their capacity to deliver the services indicated in the RFA.
10	Q	CRCS is included in the HIV Prevention Program Cover Page. Because this is an intervention for Category 2, we're assuming both categories 1 and 2 dollar amounts should be included in the program cover page budget table, and the two separate budgets added together will equal this table. Is this correct?
	A	CRCS was mistakenly placed on the HIV Prevention Program Cover Page. It is only an intervention option for Category 2. The cover page has been revised to eliminate CRCS.
11	Q	So, regarding the cover page, is it intended to include planned numbers and budget information for both Category 1 and 2?
	A	**The program cover sheet is only intended for category 1**; it's not meant for applicants to combine Category 1 and Category 2 planned #s to be reached nor proposed budgets and budget allocations per populations. Separate budgets should be submitted for each RFA category --- but the dollars and proposed reach #s on the program cover sheet are meant to only apply to activities in category 1.

12	Q	Will Category 2 (Linkage to care) have to be submitted as a separate proposal if a contractor is writing for category 1?
	A	If applying for Category 2, a CBO should attach the narrative responses in a clearly identified section at the end of the overall application package that includes first everything required in Category 1. The responses will be to the questions on page 1, section A, and page 2, section B, and section C within the Category 2 section. Following the narrative responses, the Category 2 budget should be attached.
13	Q	Will DHEC anticipate purchasing condoms during this grant period?
		DHEC has budgeted to support CBOs, along with our health regions, with the bulk purchase of condoms during the contract period. A CBO may also opt to include condoms in their supply category of budgets for Category 1 and/or 2.
14	Q	Specifications: there are request for documentation under this category. Will these have to be submitted with the application or having the documentation on file is sufficient?
	A	Regarding specifications, if referring to Category 1, page 1 of the RFA, those are detailed as to what is required to be submitted on pages 8 and 9, at section #2. They must be submitted in the application package.
15	Q	For the question below, what information are you looking for: describe your relationship with the community? This is at: "3.b.ii. To whom do you provide those services, i.e., what populations? (For i and ii above, please explain how long you have provided services, describe the outcomes of services you provided, and *describe your relationship with the community*.)"
	A	The question is intentionally wide open for interpretation. We are looking for indications that the CBO is known as a trusted provider of services, including HIV prevention, among members of the priority populations as well as in the broader community (or communities) in which those services are offered. Responses may include specific citations of community coalitions, advisory groups, etc. which CBO staff serve on or descriptions of diverse requests for TA, educational sessions, etc. References to media requests, interviews, etc. are appropriate. The response may note if the CBO has received any awards or honors, including recognition by governmental bodies or groups serving the GLBT, African American, or Hispanic/Latino communities.
16	Q	Eligibility determination states: a) "Report must be from the funder of testing..." Our HIV testing is not funded through any of those funders listed. Our HIV testing program is supported solely through the community we serve; therefore there is NO report from a funder. How can this be resolved?
	A	The purpose of asking for a funder's report was to have a form of "objective" documentation of service delivery. We would encourage any interested CBO applicant to go ahead and submit an application if the CBO has a track record of planning, delivering and evaluating its HIV testing and other program(s), particularly with a signed letter from its Board Chair that confirms the program services as presented in the application. The letter should indicate what you've noted about the source of funding is from community support, fundraising, private donations, etc. DHEC will then have to determine upon review of the application what further information will be required to confirm or document history of service and capacity to deliver.

17	Q	Do you need 6 copies of each of the eligibility and financial capacity documents, or will the original be sufficient, especially with items like the annual audit, training certificates, data reports, CLIA waiver, etc.?
	A	All eligibility determination documents, as well as the items noted in the Organizational Capacity section of the narrative (organizational chart, IRS letter, A-133 Audit), should be submitted as a single, and singular, packet under the required cover letter/cover page. The requirement for six copies will apply only to the Application Narrative, including the HIV Prevention Program Services packet, along with the budget and budget narrative.
18	Q	Would DHEC be able to provide us with the HAV/HBV vaccine? If so, would the vaccine and the meds for STIs be free to Careteam, or would there be a charge? Also, is there any fee for us to have the samples (gonorrhea, chlamydia, syphilis, and if necessary - WB, CD4, viral load) analyzed?
	A	On page 9 of the RFA, at section j), note that some form of MOA/LOA should be provided from a non-DHEC provider if proposing to provide viral hepatitis prevention services. Currently DHEC's local health departments are not providing free HAV/HBV adult vaccine services. Additionally the CBO should identify HCV treatment education and/or treatment services as offered by an entity such as a federally-qualified health center (FQHC), private provider, etc.; those services are not provided by DHEC. STI/STD treatment (medications) would be provided by local DHEC in a manner to be determined between the CBO and the health department and with the support of funds from the STD/HIV Division. Likewise the processing of specimens, using the state (DHEC) lab, would be payed for by the state DHEC program. In both of these program areas, the volume of activity would need to be agreed upon in advance of implementation and then regularly monitored by all parties involved to assess the impact on available resources.
19	Q	With the worksheet for CTRS, do we include additional populations in the list outside of what we have chosen for the priority population as planned deliverables?
	A	If any populations from among the state's priority populations are being proposed for HIV CTRS funding, they should be quantified in the Prevention Program cover page and CTRS summary sheet table, assuming that at least 25 persons from the population are planned to be reached. However, if the expected #s to be reached in a particular population will be less than 25, then that population should not be quantified on those two pages.
20	Note:	In any sections that refer to an MOA to be submitted from DHEC, the applicant may instead submit a notification-to-DHEC letter (template found on the DHEC RFA webpage). The STD/HIV Division is requesting that the CBO have the Regional Health Director sign and return the letter as an acknowledgment of receipt of the notice. However, if time does not permit return of the letter to the CBO, the applicant may submit simply the notification letter as sent. Before funding is awarded to an applicant, the STD/HIV Division may require additional documentation from the CBO, including the signed, returned letter.

21	Q	In Category 2 Part A. Organization Capacity and Experience, questions 2 and 3 ask for training certificates and summary reports, I know under the Category 1 RFA, we are also being asked to submit this information, should I go ahead and include those things again for Category 2?
	A	Yes, those should be made attachments to the Category 2 section, following the narrative, budget and budget narrative; or if they are exactly the same as what has already been provided in either the upfront eligibility section or the Category 1 program services section, then simply write statements to that effect within the Category 2 narrative for those questions. You would not need to insert them a second time if that is the case. It was our thinking, however, that some applicants would have unique training background or reports relative to their prevention with positive services and those would not have been previously provided in any place earlier in the application. You will know best what your particular situation is.
22	Q	April 6 is "Good Friday" and our CBO's office is closed. Will the applications still be due on April 6 or will they be due the following Monday, April 9?
	A	Yes, the deadline is still Friday, April 6, by 2:30 PM. Good Friday is not recognized as a State or federal holiday.
23	Q	We have a signed current MOA with DHEC Region 6. Do we still need to submit a Notification Letter also?
	A	No, when we realized that some CBOs were challenged with DHEC's timeline for approving MOAs, we modified the requirement to be *either* the MOA or the letter. We posted an updated application checklist on Friday, March 30; on item 2.i. we noted the either/or, but not both.
24	Q	In calculating the budget table for the HIV Prevention Cover Page category 1. Are those calculations based on what we are proposed to charge per test that's administered to each person tested in that population?
	A	The calculations would reflect the overall costs that a CBO has determined are appropriate to provide the HIV CTRS (or other services, if applicable) to a particular population. Those costs would include everything necessary to deliver the service, including recruitment, travel, supplies, provision of the test, and documentation and reporting. The total amount would be what the CBO is requesting to be reimbursed for by DHEC, if awarded a grant/contract. An important note is that a CBO may determine that a service is more difficult to deliver for a particular population. Therefore the CBO may plan to reach the same number of persons in two different populations but budget (request) for more funding in the population that is more difficult to reach, knowing that staff may be needed to do more outreach, etc.
25	Q	If testing is going to done at the lead agency and our lead agency has other sites that will offer testing, do we as the lead agency need a MOA or LOA from the lead agency stating we will provide testing at those sites.
	A	If the lead agency is not the owner/manager of the other properties, then DHEC will require some form of documentation from the other property management regarding permission to deliver the services "offsite". That documentation could be an MOA or LOA. However, if the lead agency itself has "satellite" offices in other counties or communities, there would be no need to have a LOA submitted. If the documentation is not available at the time of application submission, DHEC will require it before final funding decisions are made and/or a grant/contract is signed.

26	Q	Will rapid hepatitis C testing and rapid syphilis testing be funded through this RFA?
	A	At this time applicants should respond to all questions about capacity and proposed services to deliver conventional HCV testing and conventional syphilis testing.
27	Q	Will funded organizations be able to get supplies for STD testing in the same manner as they do for HIV testing?
	A	Funded CBOs will be able to use the DHEC state lab for specimen processing if funded for STD and/or viral hepatitis testing. Basic supplies to conduct the testing, however, should be budgeted in the application budget request.
28	Q	Can an organization budget for translating an intervention, such as Project RESPECT, into Spanish if there is not such a version available?
	A	Yes; however, note that currently many of the interventions included in the DEBI project are being translated into Spanish. The CBO is encouraged to only budget what is minimally necessary for translation to avoid inflating the budget request.
29	Q	I'm working on Question 5.f.ii: Explain how you anticipate using an Internet-based data collection system in your agency to report process monitoring data for non-HIV CTRS activities. Address how many prevention staff will have access to the data system to enter process-monitoring data and who will be responsible for ensuring the quality of the data, and how and when data will be entered into the system (i.e. anticipated schedule). How many staff do you anticipate will need training in data entry? We have no information about the process for reporting data from Project Respect or for Hepatitis and STD testing and counseling, perhaps because we haven't done them before. We will follow whatever procedures DHEC specifies, of course. Is there some information on this that I can look at, or should we answer in general terms about our capacity to use such a system?
	A	Just explain your human resource and technology resource capacities for using an Internet-based data collection system. Project RESPECT will likely use it, but for STD/VH testing, there may be other methods.